### **An Inventory of Prevention Programs in Utah**

The Division of Substance Abuse and Mental Health (DSAMH) in collaboration with the Division of Disease Control and Prevention, prepared this report on prevention programs in Utah in response to the following intent language adopted during the 2020 General Session of the Utah State Legislature.

Submitted August 2020



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The Division of Substance Abuse and Mental Health (DSAMH) in consultation with the Division of Disease Control and Prevention prepared this report on prevention programs in Utah in response to the following intent language adopted during the 2020 General Session of the Utah State Legislature:

"The Legislature intends that the Division of Substance Abuse and Mental Health, in consultation with the Division of Disease Control and Prevention, provide a report detailing the following related to substance use disorder and mental health: 1) an inventory of federal, state, and county funded prevention programs in the State, 2) any available data on effectiveness of those programs, 3) recommendations on whether and, if so, how funding should be rebalanced toward prevention rather than later stage treatment, and 4) recommendations for other efforts that could be preventive, such as around affordable housing, domestic violence, trauma, and intergenerational poverty, and provide that report to the Office of the Legislative Fiscal Analyst before the Social Services Appropriations Subcommittee August Interim meeting."

Decades of rigorous scientific study and community-level practice prove evidence-based programs, policies, and practices can prevent substance misuse, depression, anxiety, suicide, violence, risky behaviors, and many other behavioral health issues. Effective prevention focuses on reducing risk factors, and strengthening protective factors most closely related to the problem being addressed. For example, negative life events are associated with substance use as well as anxiety, depression, and other behavioral health issues. Prevention efforts targeting a set of risk or protective factors have the potential to produce positive effects in multiple areas.

DSAMH promotes and supports prevention and early intervention services in each of Utah's 29 counties, in 342 schools. DSAMH works closely with county partners responsible by law for delivery of a continuum of services including "primary prevention, targeted prevention, early intervention, and treatment services". DSAMH and the county local authorities have also worked closely with local communities to establish 52 prevention coalitions to promote health and implement evidence based prevention.

At a State level, the Utah Substance Abuse Advisory Council (USAAV+)<sup>2</sup> plays a critical role in coordinating prevention efforts. The mission of the USAAV+ Council is to create and coordinate a comprehensive strategy to eliminate substance use and mental health disorders throughout Utah. Multiple subcommittees of this group including the Utah Prevention Network, DUI Subcommittee and the Underage Drinking Workgroup focus on coordinating prevention strategies among state agencies, law enforcement, education and other entities. The Council also provides oversight of the Parents Empowered Campaign.

DSAMH is also actively involved with the Utah Suicide Prevention Coalition. This group seeks to continuously improve its prevention strategies and measure proximal and distal outcomes by monitoring Utah data relating to pertinent risk and protective factors, suicide deaths, suicide attempts, emergency department visits, hospitalizations, and any other available outcomes. Local community coalitions are strongly encouraged to conduct similar data driven quality improvement, while including the voices of suicide survivors and community stakeholders in their evaluation and improvement efforts.

DSAMH collaborates with the Utah Department of Health, Division of Disease Control and Prevention. The mission of the Division of Disease Control and Prevention is to rapidly detect and investigate communicable diseases and environmental health hazards, provide prevention-focused education, and to institute control measures to reduce and prevent the impact of the disease. Data collected by the Division is shared with prevention professionals and plays a critical role in assessing community needs and evaluating prevention activities. This includes the implementation of a shared risk and protective factor approach that focuses on the social determinants of health. This is done in collaboration with Utah's 13 Local Health Departments and many community partners. The Division supports the Department's overall mission of evidence-based decision making in public health through skillful epidemiology, laboratory science principles, and prevention science. The Division of Disease Control and Prevention includes the following:

- Bureau of Epidemiology
- Bureau of Health Promotion
- Utah Public Health Laboratory
- Office of the Medical Examiner

The Utah Evidence-Based Workgroup was created in response to the need to identify evidence-based prevention programs. The workgroup is composed of experts in the fields of prevention and evaluation. This group provides coaching and technical assistance to help programs receive certification and recognition as an evidence-based program.

In addition, DSAMH endorses programs listed on federal evidence-based registries. Blueprints for Healthy Youth Development Programs, <a href="https://www.blueprintsprograms.org/">https://www.blueprintsprograms.org/</a>, is a reputable registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens. Blueprints programs are family, school, or community-based and target all levels of need — from broad prevention programs that promote positive behaviors while decreasing negative behaviors, to highly-targeted programs for at-risk children and troubled teens.

#### 1) An inventory of federal, state, and county funded prevention programs in the State:

DSAMH prepared the following inventory of prevention programs currently operating in the State of Utah. This list was compiled from information submitted annually to DSAMH in the Area Plans by all county local authority programs, consultation with the Utah Department of Health and other stakeholders. County local Authority plans and budgets are available to the public online at <a href="https://dsamh.utah.gov/providers/contracts-and-monitoring">https://dsamh.utah.gov/providers/contracts-and-monitoring</a>.

This following list is comprehensive but not inclusive of all prevention activities currently operating in Utah. Many other agencies are working to implement prevention strategies. Healthcare, educational systems, juvenile justice, public health and many others recognize the value of prevention. The inventory provides a snapshot look at prevention strategies currently being used in Utah.

### **Inventory of Primary Prevention Programs in UTAH**

Strategy	How it's effective (What Risk & Protective Factors does it address?)	Description	Target Population	Areas implemented	Funding (State and/or Federal)
Primary Prevention 101 training	Improved access and utilization of health care  Improved socioeconomic conditions  Increased Social norms that promote safety and health  Enhanced physical environments that improve safe and healthy living  Increased individual, family can community connectedness	The Utah Department of Health is using a shared risk and protective factor framework to improve collaboration across sectors, both at the state and local levels. Through partnerships with the local health departments, communities have been trained on primary prevention principles and social determinants, including identifying and addressing root causes that affect communities.	All	State	Federal

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Big Brothers	Reduce attitudes	Youth will meet with their mentor 2-4 times per	Youth, 6-17	Salt Lake County	Federal
Big Sisters of	favorable to	month for a minimum of 12 months with a mentor.			
Utah	antisocial behavior	BBBSU professional staff will work with each child,			
	(Parent and	parent/guardian, and volunteer mentor to develop			
	Individual)	individualized support plans for each child (BBBSU			
	Increased	Youth Outcome Development Plan- YODP)			
	Commitment to	BBBSU professional staff will maintain monthly (or			
	School	more frequent, if needed) contact with all first year			
	Reduce Underage	program participants and at least quarterly contact			
	Alcohol use (past	with all continuing participants to ensure continuous			
	30 days)	individualized support to achieve positive youth			
	Reduce misuse of	outcomes			
	prescription				
	medication				
Ѕру Нор	Reduce Attitudes	LIFE SKILLS & VOCATIONAL MENTORING / TRAINING is	Youth, 14-20	Salt Lake County	Federal
Productions	favorable to	offered in an after school program in the multimedia			
	antisocial behavior	arts providing hands on experience in video			
	& drug use	production, digital photography, and web based			
	Perceived risk of	mediums. In addition, student interns receive ATOD			
	drug use	information and life skills training.			
	Opportunities for				
	pro-social				
	involvement				
	Rewards for pro-				
	social involvement				
	in community				
	,				
Emotion	Reduce 30 day	This program teaches parents, educators, and	Youth	Weber, Davis	Federal
Coaching	alcohol	caregivers how to Emotion Coach children in 5 simple		County	
		steps. By increasing emotional awareness and			
		communication skills, this program improves your			
		emotional responsiveness and, in turn, creates			
		emotionally intelligent children			
		Dr. John Gottman's research has shown that Emotion			
		Coached children: Perform better academically			
		Have fewer behavioral problems			
		Have fewer infectious illnesses			
		Are more emotionally stable			
		Are more resilient			
		Can focus attention and motivate themselves			
		The state of the s			

Learning 2	Increased	Learning to BREATHE (L2B) is a mindfulness-based	Youth	Weber, Davis	Federal
Breathe	emotional control/coping, self-esteem, social skills. Decreased mental disorder symptoms and impulsiveness	curriculum created for classroom or group settings. Mindfulness is the practice of becoming aware of one's present-moment experience with compassion and openness as a basis for wise action. This curriculum is intended to strengthen attention and emotion regulation, cultivate wholesome emotions like gratitude and compassion, expand the repertoire of stress management skills, and help participants integrate mindfulness into daily life	routii	County	rederal
Growing Up Strong	Rewards pro-social behavior Pro-social involvement	Small group facilitation on topics such as: self-esteem, family, peer pressure, diversity, feelings, coping skills, anger management, personal safety, and working together	Youth, elementary	Weber County	Federal
Guiding Good Choices	Decrease Parental Attitudes favorable to antisocial behaviors  Decrease Poor Family Management  Decrease Early Initiation of Drug Use  Pro-social Involvement	Guiding Good Choices (GGC) is a family competency training program for parents of children in middle school. The program contains five-sessions, with an average session length of 2 hours each week. Children are required to attend one session that teaches peer resistance skills. The other four sessions are solely for parents and include instruction on: (a) identification of risk factors for adolescent substance abuse and a strategy to enhance protective family processes; (b) development of effective parenting practices, particularly regarding substance use issues; (c) family conflict management; and (d) use of family meetings as a vehicle for improving family management and positive child involvement.	Youth	Weber, San Juan, Juab, Wayne, Piute, Sanpete, Millard, Sevier Counties	
Parents Empowered	Reduce underage drinking	Articles, PSAs, and/or ads will be placed locally focusing on Parents Empowered and underage drinking prevention.  Parents Empowered information will be distributed at various local community events, schools, community classes, and worksites.	Youth, 10-16	Statewide	State
Use Only As Directed	Reduce misuse of prescription medications	Collaborate with local businesses, government agencies and local civic groups to create opportunities to distribute Use Only As Directed information.  Participate in statewide radio commercials, television/theatre commercials etc.	Adults	Statewide	Federal

Stop the Opidemic	Increase knowledge of opioid risks  Increase knowledge of the signs of an overdose  Increase knowledge of the use and availability of naloxone	Collaborate with local health departments, health care systems, pharmacies, law enforcement agencies, and other key stakeholders to disseminate materials and educate patients and the public on signs of an overdose, opioid risks, and naloxone.	Adults	Statewide	State Federal
Parent Teen Alternative	Perceived risk of drug use Poor Family Management Family Conflict Family Attachment	Educational group held at Weber Human Services on topics such as communication, addiction, stress management, goal setting, prescription drugs, etc.	Youth, 12-17	Weber, Morgan Counties	Federal
Communities that Care	Community Laws and norms favorable to drug use Community Rewards for Pro- social Involvement	Coalition model to increase community support in decreasing substance use, drop out, violence, mental illness and delinquency	Youth	Weber, Utah, Tooele Summit, Carbon, Grand, Emery, Juab, Sevier, Millard, Sanpete, Wayne, Piute Counties	Federal
Love and Logic	Decrease Family Conflict  Decrease Poor family management  Parental knowledge of positive parenting skill	We show adults how to discipline kids without losing their love and respect.  We focus on helping children develop personal responsibility, self-control and good decision making skills.  Unlike some approaches we don't use complicated reward or punishment systems only focused on short-term compliance.  Instead, we focus on nurturing long-term relationships and reinforcing good character.	Youth	Weber, Wasatch, Davis counties	Federal

Prime for Life Adults	attitudes toward	The session topics will be taught as follows:  1. Preventing alcohol or drug use from taking control  2. Reflecting on choices and consequences.  3. Protecting what 'I' value  4. Making a plan to succeed	21+	Wasatch, Tooele, Summit, Daggett, Duchesne, Uintah, Carbon, Emery, Grand, Juab, Sevier, Millard, Sanpete, Wayne, Piute counties	Federal
Prime for Life 18-20	Decrease perceived risk of drug use Reduce underage drinking	The session topics will be taught as follows:  1. Preventing alcohol or drug use from taking control  2. Reflecting on choices and consequences.  3. Protecting what 'I' value  4. Making a plan to succeed	18-20 year olds	Wasatch, Summit, Daggett, Duchesne, Uintah, Juab, Sevier, Millard, Sanpete, Wayne, Piute counties	Federal
Prime for Life Teens	Decrease perceived risk of drug use Reduce underage drinking	The session topics will be taught as follows:  1. Preventing alcohol or drug use from taking control  2. Reflecting on choices and consequences.  3. Protecting what 'I' value  4. Making a plan to succeed	12-17	Wasatch, Utah, Tooele, Summit County, Daggett, Duchesne, Uintah, Davis, Juab, Sevier, Millard, Sanpete, Wayne, Piute, Cache, Box Elder, Rich, Salt Lake counties	Federal

Strengthening Families	Reduce lifetime underage drinking and commercial tobacco misuse Decrease poor family management Opportunities for pro-social involvement Parental attitudes favorable to ASB	The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-17 years old.	Youth, 3-17	Wasatch, Utah, Duchesne, Davis, Washington, Beaver, Kane, Garfield, Iron Counties Urban Indian Walk In Center (Salt Lake)	Federal
Botvin's Life Skills	Increased social skills, problem-solving, emotional control/coping, self-esteem, connectedness Decreased substance use and antisocial behavior	LifeSkills Training (LST) is a classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. Three major program components teach students: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice.	Youth, 12-17	Statewide	State (USBE)
Why Try	Reduce underage drinking Decrease perceived risk of drug use	The Why Try program teaches social and emotional principles to youth in a way they can understand and remember. Why Try is based on sound empirical principles, including solution-focused brief therapy, social and emotional intelligence, and multisensory learning. Why Try's multisensory learning approach teaches social, emotional, and leadership principles to students of all learning types, and includes the use of a series of visual analogies to illustrate each unit. The focus is on motivating and re-engaging students who may be struggling with challenges at home and in school. The Why Try curriculum uses a series of 10 visual analogies that teach important life skills (e.g., decisions have consequences; dealing with peer pressure; obeying laws and rules; plugging in to support systems).	youth , 14-17	Wasatch, Carbon, Utah counties	Federal
Eliminating Alcohol Sales to Youth	Environmental policy: limiting where youth can get alcohol will lower use	Mandatory training for all cashiers in Utah County who sell alcohol at off-premise establishments.  Coordinate quarterly compliance checks with law enforcement officers for all Utah County grocery and convenience stores.	Youth, 10-21	Statewide	State

Community Presentations and Events	Reduce 30 day alcohol use rate among all grades.	Presentations will be offered in group or community settings to help community members better understand ATOD issues and risks to the community at large, and to better understand prevention, and the importance of this work. The presentations are done when asked and scheduled	Youth	Tooele, Wasatch, Summit, Daggett, Duchesne, Uintah, San Juan Counties	Federal
Systematic Training for Effective Parenting (STEP) Spanish/ English	Reduce underage drinking Decrease parental attitudes favorable to ATOD	This is a 7 session 1 ½ hr. each Parenting Program	Youth	Summit County	Federal
Personal Empowermen t Program (PEP)	Low commitment to school Perceived risk of drug use Youth reporting social isolation	The Personal Empowerment Program (PEP) is an education- and skill-based program that focuses on the risk of academic failure, low commitment to school, and early initiation of antisocial behavior to reduce substance abuse and other associated behavior.	Youth	Iron, Washington, Beaver Counties	Federal
Parenting Wisely	Reduce 30 day alcohol use among students in grades 8-12.  Reduce 30 day marijuana use among students in grades 10-12.	This program is designed to increase parents' skills in working with children's problem behaviors, negotiate with children on conflict situations to achieve satisfactory results for both parties, mediate sibling rivalry, learn constructive skills that would reduce children's involvement with drugs, and increase parental confidence.	Youth	Iron, Washington, Beaver, Kane, Garfield, Cache, Box Elder, Rich counties	Federal
Hope Squad	Currently being evaluated for effectiveness of the following: emotional regulation, reducing social isolation, increase in help seeking behaviors	Hope Squad is a school-based, peer-to-peer, suicide prevention program. Hope Squad members are nominated by their peers, and are trained in a suicide prevention gatekeeper model called QPR, 9-10 curriculum modules that vary based on grade level (junior Hope Squads/elementary, junior high/middle school, and high school), and active listening skills when students have mental health, emotional wellbeing, or suicide concerns. If risk is identified, Hope Squad members will then refer those peers to trusted adults. The program was developed by Hope4Utah in 1999 and has since spread to over 700 schools, 375 of which are in Utah.	Youth	Washington, Garfield, Iron, Utah, Weber Counties	Federal/St ate (School Districts)

Protecting You Protecting Me	Reduce underage drinking, cigarette, and marijuana use. Reduce underage drinking, cigarette, and marijuana use among Hispanic and Black youth.	Prevention Strategy: Education - Presentations Protecting You/Protecting Me (PY/PM). PYPM is a classroom-based program that meets for 40 minutes, once a week for 8 weeks.	Youth	Salt Lake County	Federal
Anger Management (Men/ Women)	Reduce Alcohol use Decrease family conflict	Small group anger management classes meet for 1 ½ to 2 hours, once a week for 8 weeks.	Adult	Davis County	Federal
Anger Management (Children)	Attitudes favorable to ASB Pro-social Involvement	Education 6 sessions Small group anger management classes meet for 1 hour, once a week for 6 weeks. Children ages 5 to 12. Participants are self- referral, referred by a counselor or school administrator, court ordered or referred by DCFS	Youth, 5-12	Davis County	Federal
Incredible Years	Reduce lifetime E- cigarette use	Parenting Program	Youth, 2-8	Davis County	Federal
Mindfulness Based Stress Reduction	Reduce Binge Drinking Depressive Symptoms	Education class - stress reduction	Youth, adults	Davis County	Federal
Shoulder Tap	Decrease Perceived risk of drug use	Work with law enforcement to conduct the Shoulder Tap program, including media campaigns prior to the event and follow-up after. Educate adults over 21 about purchasing alcohol for minors.  Two weeks before the event, start a media campaign educating the public about reducing youth access to alcohol using radio and newspaper ads.  Coordinate with law enforcement to prepare events.	Youth	Box Elder, Rich, Cache counties	Federal
Retailer Education	Reduce 30 day alcohol use among students in grades 8-12. Perceived risk of drug use	Provide alcohol Retailer Education classes on an as needed basis and at the request of retailers. Educate on strategies to check for age, review law and responsibilities.	Youth	Daggett, Duchesne, Uintah, Box Elder, Rich, Cache counties	Federal
Self- Management Program	Reduce misuse of prescription drugs among older adults	Stanford Self-management Programs referred to as Living Well with Chronic Conditions, Tomando Control de su Salud, Living Well with Diabetes, conducted in senior centers, 6-weeks 1x/week, 2.5 hours	Adults, 60+	Salt Lake County	Federal

Keepin' it REAL	Reduce use of alcohol, tobacco, and other drugs	An evidence-based, multicultural substance use prevention program designed to help students assess the risks associated with substance abuse, enhanced decision making and resistance strategies, improve anti - drug normative beliefs and attitudes, and reduce substance use.	Youth, 13-18	Salt Lake County	Federal
Nuevo Dia Program	Prevent child's alcohol and drug use	Nuevo Dia (New Day) is a 12-month program conceptualized into three major components: life skills, education, and advocacy. Mothers and Daughter- based services. The program is Strengthening Latino Families Strengthening Families Program Curriculum at Rose Park Elementary 14 sessions based on curriculum; 2 additional sessions of guest speakers 1x a week, 4 hours (includes additional activities other than just life skills class) for 16 weeks (over the course of 5 months)	Youth, 9-12	Salt Lake County	Federal
Grandfamilies	Prevention of substance and alcohol use in the second generation	For CAREGIVERS and RELATIVES: Through the Children's Service Society of Utah Grand families helps relatives who have custodial care of children because their biological parents are unable or unwilling to parent due to factors related to substance abuse. Services include support groups and "Parenting the Challenging Child" classes.  GF Kinship Caregiver groups 2 Series of 10-wk sessions, 90 minutes each GF Children's Groups 2 Series of 10-wk sessions at 90 minutes each Monthly Friend 2 Friend pro-social activities,12 @ 90 min	Youth	Salt Lake County	Federal
Parents As Teachers	Reduce the risk for future substance abuse among children 0-5 receiving housing subsidy through the Housing Authority of the Salt Lake County	PARENTS AS TEACHERS (PAT) is a model program for teens and parents designed to delay onset of drug use and prevent high risk behaviors. This program includes in-home visits and follow-ups.	Youth	Salt Lake County	Federal
YouthWorks	Reduce use of alcohol, tobacco, and other drugs	Provide four, 12-week sessions with 15 hours of life skills and 5 hours of social skills per M, T, W, TH work week.	Youth, 14-18	Salt Lake County	Federal

		Community building pre-employment activities will enhance the youth's perception of opportunities for pro-social activities.			
Communities Empowering Parents	Reduce 30 day use of 1. Alcohol 2. Tobacco 3. Marijuana Among youth ages 12 and older	20 hours of interactive, parenting classes using Communities Empowering Parents Curriculum (site coordinators choose one of the following options) 2.5 hours, 1X wk. for 8 weeks or 2 hours, 1X week for 10 weeks	Youth	Salt Lake County	Federal
SPORT Program	Reduce substance abuse among Midvale City's youth	SPORT Curriculum and physical activity program implemented by Exercise and Sport Science Professionals; 126 hours of instruction delivered approximately 2-4 times a week for 42 weeks.	Youth, 12-18	Salt Lake County	Federal
Promise South Salt Lake Substance Abuse Prevention Program (SAPP)	PSSL-SAPP program youth will demonstrate/ respond that they have knowledge regarding risk and/or harm from drug use.	Too Good for Drugs@ Lincoln Afterschool Program 60 min lessons & supporting activities 4x/week x 38 weeks Positive Action Program @ Lincoln Afterschool Program 60 min lessons & supporting activities 4x/week x 38 weeks Deliver Strengthening Families Program to 10 Lincoln Families 10 lessons @ 1 lesson per week lessons x 3 hours + supporting activities	Youth	Salt Lake County	Federal
All Stars	Reduce underage drinking Reduce underage e-cigarette use Reduce youth marijuana use	Provides social skills training and drug prevention education for high risk classrooms in grades six, seven, and eight.	Youth	Salt Lake County	Federal
Addiction Policy Forum		Vaping: Know the Facts, aims to correct misinformation, explain the health risks of adolescent vaping, and empower schools, parents, and students to take action. For more information visit addictionpolicy.org	Youth, Parents	Offered statewide	No Cost
ASPIRE		ASPIRE is a free program that can be used for prevention in the classroom or as a stand-alone resource for policy violations. ASPIRE's goals are to motivate youth to avoid starting tobacco and encourage quitting through an entertaining story told from the perspective of teen Characters. *Available in English and Spanish.	13 to 18 years	Central, Davis SLC, Southeast, Southwest, Summit County Tooele, TriCounty, Utah, Wasatch	No Cost

САТСН Му	The goal of CATCH My Breath Youth E-cigarette	Youth	Offered	No Cost
Breath	Prevention Program is to increase students' knowledge of e-cigarettes, nicotine, and addiction dangers while cutting their intended use of the product in the future. This free program offers in-class activities, teacher education, online resources, and take-home materials for parents. For more information visit catchinfo.org/e-cigarettes.  National Academic Standards met by CATCH My Breath		Statewide	
Center for Disease Control and Prevention	CDC's Office on Smoking and Health (OSH) developed this presentation to educate youth on e-cigarettes, including the health risks, the factors that lead to e-cigarette use, and what youth can do to avoid all tobacco products, including e-cigarettes. For more information visit CDC.gov/tobacco.	Youth	Offered Statewide	No Cost
Scholastic and FDA	FDA and Scholastic collaborated on a lesson. Use this lesson and research activity to educate students on the health risks of vaping. For more information visit scholastic.com/youthvapingrisks.	11-18	Offered Statewide	No Cost
Stanford Tobacco Prevention Toolkit	The Tobacco Prevention Toolkit is a resource that can be adapted to fit the individual needs of educators and students in all types of settings, including elementary, middle and high schools; community-based organizations; and health-related agencies.  This Toolkit contains a set of modules focused on ecigarettes and vapes, and messages on nicotine addiction. For more information visit med.stanford.edu/tobaccopreventiontoolkit.	Youth	Offered Statewide	No Cost
THE VAPE TALK/IN DEPTH	Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (INDEPTH) is a new, convenient alternative to suspension or citation that helps schools and communities address the teen vaping problem in a more supportive way. Instead of solely focusing on punitive measures, INDEPTH is an interactive program that teaches students about nicotine dependence, establishing healthy alternatives and how to kick the unhealthy addiction that got them in trouble in the first place. Learn more at lung.org	Youth, Parents	Offered Statewide	No Cost

Utah Indoor	Community Laws	The Utah Indoor Clean Air Act (UICAA) was made to	General	Statewide	State
Clean Air Act	and Norms	protect those in Utah from the dangers of secondhand	population,		
	addressed	tobacco smoke. The law has since been updated to	youth		
		include e-cigarette vapor.			
		In general, the law bans smoking in almost all			
		government and private businesses in Utah. The law			
		has both a statute and a rule. The law can be found in			
		Utah Code § 26-38 and Utah Admin Rule R392-510.			
		Smoking is banned:			
		Indoor places/businesses where there is more than			
		one employee or where the public can enter			
		Child care businesses			
		All government-owned buildings and offices			
		Work vehicles			
		The property of private and public elementary and			
		secondary schools			
		Buildings operated by social, fraternal or religious			
		groups			
		Places rented for private events			
		Wherever the owner has banned it			
		25 feet from any entrance, window or air intake where			
		smoking is banned			
Federal Law	Community Laws	Based on a review of the literature and predictive	Youth and	National	State,
& Utah Law:	and Norms	modelling, it finds that raising the tobacco sale age will	Young Adults		Federal
Tobacco 21	addressed	significantly reduce the number of adolescents and	(18-20)		
		young adults who start smoking; reduce smoking-			
		caused deaths; and immediately improve the health of			
		adolescents, young adults and young mothers who			
		would be deterred from smoking, as well as their			
		children. Specifically, the report predicts that raising			
		the minimum age for the sale of tobacco products to 21 will, over time, reduce the smoking rate by about			
		12 percent and smoking-related deaths by 10 percent,			
		which translates into 223,000 fewer premature			
		deaths, 50,000 fewer deaths from lung cancer, and 4.2			
		million fewer years of life lost.			
Tobacco-free	Community Laws	Under federal law, smoking is prohibited in any	Youth	Statewide	State
policies in	and Norms	kindergarten, elementary, or secondary school or	Toutil	Statewide	State
schools and	addressed	library serving children under the age of 18 years if			
communities	dadiessed	federal funds are used in the school.			
		Many states also have laws that restrict commercial			
		tobacco use, including electronic cigarettes, in public			
		K–12 schools. However, federal law and many state			
		laws do not cover outdoor school grounds.			

Restricting the sale of flavored tobacco products to specialty stores with adult-only access	Community Laws and Norms addressed	Youth and young adults use flavored tobacco products more than other age groups. Additionally, flavored products are often the first tobacco products youth and young adults ever use. Youth and young adults perceive flavored tobacco products as more appealing, better tasting and less harmful than non-flavored tobacco products.	Youth	Statewide	State
Youth involvement in policy development	Community Laws and Norms addressed	All LHDs involve youth in policy efforts. https://www.cdc.gov/tobacco/stateandcommunity/be st-practices-youth-engagement/pdfs/best-practices- youth-engagement-user-guide.pdf	Youth	Statewide	State
Enforcement of laws that restrict new tobacco specialty stores near schools and other community locations	Community Laws and Norms addressed	Local tobacco retail density is linked to higher tobacco use uptake among youth and increased barriers to successful quitting among adult tobacco users.  Limiting the number of total tobacco retailers in a local area is a best practice to prevent youth nicotine initiation and support successful quit attempts.	Youth,	Statewide	State
Enforcement of laws that prohibit tobacco sales to underage youth	Community Laws and Norms addressed	Retail businesses that sell tobacco products play a crucial role in limiting teen access to tobacco products. In FY19, Utah's 13 local health departments (LHDs) issued 1,360 local tobacco retail permits and provided education about compliance with underage sale and zoning regulations. Utah LHDs conducted more than 3,000 underage sale investigations (compliance checks) statewide to monitor tobacco retail sales to minors.	Youth,	Statewide	State, Federal
Tobacco product price and/or tax	Community Laws and Norms addressed	Increasing the price of tobacco products is an effective means to restrict youth access. Adding a tax to electronic-cigarettes will help to reduce youth access to them. Youth are very sensitive to price. A simple proven approach to keeping harmful products out of their hands is to add or increase the excise tax. Youth and young adults are two to three times more likely to respond to changes in tobacco product prices than adults. For example health economists have estimated that each 10% increase in the price of cigarettes results in a 3-5% decrease in overall cigarette consumption.	General population, youth	Statewide	State

DBT Skills in	Increased	DBT in Schools		Sale Lake School	State
Schools	emotional control/coping, social skills. Decreased mental disorder symptoms and impulsiveness.	Dialectical behavior therapy (DBT) skills have been demonstrated to be effective in helping adolescents manage difficult emotional situations, cope with stress, and make better decisions.  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6263		District	
MindUp	Increased emotional control/coping, self-esteem, social skills. Decreased mental disorder symptoms and impulsiveness.	Each lesson offers easy strategies for helping students focus their attention, improve their self-regulation skills, build resilience to stress, and develop a positive mind-set in both school and life.  http://teacher.scholastic.com/products/mindup/	Ages 3-14	Alpine LEA four elementary schools Cache LEA one elementary school	Federal
Second Step	Increased emotional control/coping, social skills, problem solving skills, academic achievement Decreased antisocial behavior	Second Step Social-Emotional Learning (SEL) gives students the tools to excel in and out of the classroom. This easy-to-teach program garners outstanding reviews from educators who've noticed schoolwide improvement and see even the most challenging students make progress in emotion management, situational awareness, and academic achievement. <a href="http://www.secondstep.org">http://www.secondstep.org</a>	Ages 4-14	1. Jordan School District: more than 13,500 students ages 4- 14  2. Two Additional Elementary Schools in Tooele	1.Federal 2. State
USBE Health Standards		The academic success of Utah's students is strongly linked to their health. The goal of Health Education is to support parents and families in developing healthy, responsible students who have the knowledge, skills, and dispositions to work together in an inclusive manner to think critically and participate in a variety of activities that lead to lifelong healthy behaviors. The inclusion of health in a student's education positively contributes to their ability to learn, focus, and achieve health and wellness throughout their lives. <a href="https://www.schools.utah.gov/file/ed906f78-eaf5-44fa-892f-984e28c4c2a7">https://www.schools.utah.gov/file/ed906f78-eaf5-44fa-892f-984e28c4c2a7</a>	K-6	Statewide implementation starting August 2020	State

Sources of		The results of this study were published in 2010 in the		Alnina SD	
Sources of Strength		The results of this study were published in 2010 in the American Journal of Public Health, showing: Increase in peer leaders' connectedness to adults Increase in peer leaders' school engagement Peer leaders in larger schools were four times more likely to refer a suicidal friend to an adult Among general student population the program increased positive perceptions of adult support for suicidal youth and the acceptability of seeking help Positive perception of adult support increased most in students with a history of suicidal thoughts <a href="https://sourcesofstrength.org/discover/evidence/">https://sourcesofstrength.org/discover/evidence/</a>		Alpine SD Timpanogos HS (Alpine) applied for funding to implement Sources of Strength.	
Family Acceptance Project	Decrease anti- social behavior, conduct disorder, aggression, alcohol use (regular and binge)	Family Acceptance Project A research-based initiative that works to prevent health and mental health risks for LGBTQ children and youth including suicide, homelessness, and drug use, in the context of their families, cultures, and faith communities. There are materials tailored to families in the Church of Jesus Christ of Latter Day Saints. FAP is based on a substantial body of research that suggests an inverse relationship between acceptance or rejection from family members to health outcomes for LGBTQ young adults. (https://familyproject.sfsu.edu/research)			Federal and state
LiveOn	Increasing help seeking, reducing access to lethal means, increasing connectedness	A statewide, state-sponsored campaign launched in 2020. Live On is a statewide effort to prevent suicide by promoting education, providing resources, and changing our culture around suicide and mental health. Together we can get through, reach out, lift up, look ahead, and Live On. The campaign methodology was developed based on the highly successful campaign of Parents Empowered (research linked below). Additional evaluation on LiveOn messaging effectiveness and behavior changes will be released from the Kem Gardner Institute later in 2020. (https://abc.utah.gov/about/documents/83rd_annual.pdf)	All Utahns	Statewide	State

QPR	Official QPR training outcomes as determined by	Youth and	State-wide	Federal
QFIX	independent research reviewers of published studies	Adults	State-wide	and state
	for National Registry of Evidence-based Practice and	Gatekeepers		and state
		-		
	knowledge, confidence and gatekeeper skills per these	community		
	measures:	members as		
	Increased declarative knowledge	well as		
	Increased perceived knowledge	strategically		
	Increased self-efficacy	identified		
	Increased diffusion of Gatekeeper training information	groups (e.g.		
	Increased Gatekeeper skills (ability to engage in active	coaches, faith		
	listening, ask clarifying questions, make an appropriate	leaders, hair		
	referral)	stylists)		
	Tererrary	Stylists)		
	https://qprinstitute.com/research-theory			
Working	Working Minds trains organizations to proactively	Worksites,		Federal
Minds	address the early warning signs of suicide in the	specifically		
	workplace. Just as organizations have realized they can	Human		
	help reduce heart disease by encouraging exercise,	Resources and		
	they can also reduce suicide by promoting mental	Management		
	health and encouraging early identification and	Staff		
	intervention. This training will educate and equip			
	businesses with tools to address mental health and			
	suicide concerns within the workplace.			
	https://www.coloradodepressioncenter.org/workingm			
	inds/			
Mental	Mental Health First Aid is an international training	Adult	Jordan, Alpine,	State and
Health First	program proven to be effective. Peer-reviewed studies	Gatekeepers,	and Cache	Federal
Aid and Youth	show that individuals trained in the program:	including	School District	Funds
Mental	Grow their knowledge of signs, symptoms and risk	general		
Health First	factors of mental illnesses and addictions.	community		
Aid	Can identify multiple types of professional and self-	members as		
	help resources for individuals with a mental illness or	well as		
	addiction.	strategically		
	Increase their confidence in and likelihood to help an	identified		
	individual in distress.	groups (e.g.		
	Show increased mental wellness	coaches, faith		
	themselves. <a href="https://www.mentalhealthfirstaid.org/cs/">https://www.mentalhealthfirstaid.org/cs/</a>	leaders, hair		
	wp-content/uploads/2013/10/2018-MHFA-Research-	stylists)		

SafeTALK	Living Works SafeTALK is evidence results of over 15 peer-reviewed regovernment studies on SafeTALK: Improves trainee skills and readine Safe for trainees, with no adverse Effective for participants as young Helps break down suicide stigma in Better skill retention compared to programs  https://www.livingworks.net/evide	eports and ye old ess a geffects from training as 15 years old in the community other connector cormetence vestra ide	th ages 15 ears and der, and adults. ekeepers cluding general mmunity mbers as well as ategically entified groups	Foderal
ASIST	LivingWorks ASIST is evidence-base results of over 30 peer-reviewed stagovernment reports on ASIST: Improves trainee skills and reading Safe for trainees, with no adverse Interventions shown to increase he suicidality Training shown to increase general listening skills Saving lives and costs, yielding return to 50:1	tudies and in g ess cor effects from training men ope and reduce stra I counseling and ide	ekeepers cluding general mmunity mbers as well as ategically entified groups	Federal
Other Gatekeeper Trainings including Creating Safety and Talk Saves Lives	Our theoretical model of gatekeep comprehensive review of the litera gatekeeper training can impact for factors—knowledge, perceptions a prevention, reluctance, and self-ef changes in these factors can influe behavior. <a href="https://www.ncbi.nlm.nih.gov/pm249/">https://www.ncbi.nlm.nih.gov/pm249/</a>	ature, theorizes that ur important parallabout suicide also ificacy—and that ence intervention in c/articles/PMC5158 coun pee	ting Safety cargets profession s in the atal health orkforce, cluding school selors and r support ecialists	

Means	Every U.S. study that has examined the relationship			Federal
Safety- CALM,	has found that access to firearms is a risk factor for			and state
Drug take	suicides. Firearm owners are not more suicidal than			and state
back days,	non-firearm owners; rather, their suicide attempts are			
gun lock	·			
distribution	more likely to be fatal. Many suicide attempts are made with little planning during a short-term crisis			
distribution	period. If highly lethal means are made less available			
	to impulsive attempters and they substitute less lethal			
	means, or temporarily postpone their attempt, the			
	odds are increased that they will survive. Studies in a			
	variety of countries have indicated that when access to			
	a highly lethal and leading suicide method is reduced,			
	the overall suicide rate drops driven by a drop in the			
	restricted method.			
	https://www.hsph.harvard.edu/means-matter/means-			
	matter/			
	·			
Screening	Mental health screenings are a key part of youth	All Utahns,	Jordan, Cache,	Federal
nights,	mental health. Approximately 50% of lifetime mental	with a focus on	and Alpine LEAs	and state
Healthy	health conditions begin by age 14 and 75% begin by	youth	are regularly	
Minds Utah	age 24. The average delay between when symptoms	screening	hosting	
screening	first appear and intervention is approximately 11		screening events	
campaign	years. Mental health screenings allow for early			
(DSAMH	identification and intervention and help bridge the			
screening tool	gap. The goal is to prevent the worsening of mental			
& posters)	health conditions and reduce the need for higher			
Terrace	levels of care (i.e. inpatient services, crisis services).			
Metrics	Adolescent mental health screening is recommended			
	by the National Alliance on Mental Illness, the			
	American Mental Health Counselors Association, and			
	the US Preventive Services Task Force			
	https://www.terracemetrics.org/			
	Here is an analysis of Terrace Metrics validity <a href="https://www.terracemetrics.org/wp-">https://www.terracemetrics.org/wp-</a>			
	content/uploads/2020/02/Validation-Data-for-			
	Terrace-Metrics-System-2017-to-2018-Brief-			
	Report.pdf			
	https://www.amhca.org/HigherLogic/System/Downloa			
	dDocumentFile.ashx?DocumentFileKey=2ca60afe-			
	8be0-af27-2ad9-7100b61ad636			
	0000-8127-2803-710000180030			
	https://pediatrics.aappublications.org/content/137/3/			
	e20154467			
	https://www.nami.org/Learn-More/Mental-Health-			
	Public-Policy/Mental-Health-Screening			
	Tublic-1 oney/Mental-Health-Screening			

Postvention	Reduces risk of	Postvention is an organized response in the aftermath	Any school,	Statewide	State and
Training	suicide contagion, Increases emotional control/coping, norms that discourage suicide, and access to behavioral health care	of a suicide to accomplish any one or more of the following:  To facilitate the healing of individuals from the grief and distress of suicide loss  To mitigate other negative effects of exposure to suicide  To prevent suicide among people who are at high risk after exposure to suicide	community, and/or individual that is exposed to suicide loss	Davis SD. Washington SD, Nebo SD and others have requested training for FY21.	Federal
PREPARE	Reduces risk of suicide contagion, Increases emotional control/coping, norms that discourage suicide, and access to behavioral health care	The PREPaRE model emphasizes that members of a school crisis response teams must be involved in the following hierarchical and sequential set of activities:  P—Prevent and prepare for crises  R—Reaffirm physical health & welfare, and perceptions of safety & security  E—Evaluate psychological trauma risk  P—Provide interventions  a—and  R—Respond to mental health needs  E—Examine the effectiveness of crisis preparedness https://www.nasponline.org/professional-development/prepare-training-curriculum/training-outcomes-and-evaluations  PREPaRE is an evidence-based curriculum  (NASP)https://www.nasponline.org/professional-development/prepare-training-curriculum.  Implemented throughout the state. Used as a model for school safety and crisis response training.  Statewide trainers, school nurses. Due to COVID-19, USBE was not able to implement T4T of the 3rd edition this year. Plans to build statewide capacity with this model FY21.	School administrators and mental health professionals	Statewide	Federal and State
Disaster Cleanup program	Reduces risk of suicide contagion, and increase access to behavioral health care		All Utahns	Statewide	State
Bereavement		Psychological Autopsy through OME fund transfer and Suicide Bereavement Groups through Caring Connections			State

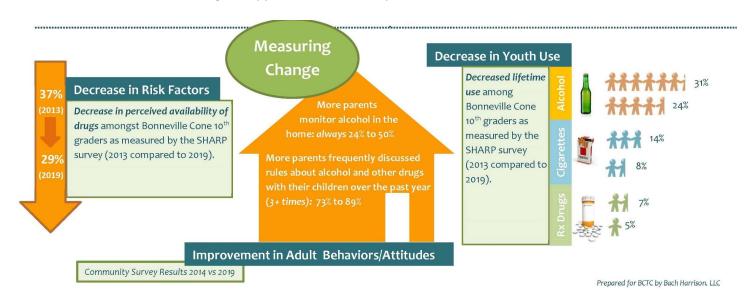
Conrect	Poduces risk of	Connect postuantian training halos comice president	Educaters		Federal
Postvention Postvention	Reduces risk of suicide contagion, Increases emotional control/coping, norms that discourage suicide, and access to behavioral health care	Connect postvention training helps service providers respond in a coordinated and comprehensive way in the aftermath of a suicide or any sudden death, to promote healing and reduce risk.	Educators, emergency medical services, faith leaders, funeral directors, law enforcement, mental health/substan ce abuse providers, medical examiners, coroners, military, and social service providers		and State
Safe Dates	Builds protective factors by teaching skills needed to support healthy, safe relationships.	Teaches healthy relationship skills to adolescents, including positive communication, anger management, and conflict resolution. Includes a 10-session curriculum focused on attitudes and behaviors associated with dating abuse and violence, as well as a play to set the stage for the program, a poster contest to reinforce concepts learned in the curriculum, and parenting materials.	Adolescents	Statewide	Federal
Upstanding: A bystander intervention approach to support healthy and safe communities in Utah	Bystander intervention is a primary prevention and public health approach to a healthy and safe Utah. This program Teaches skills and application of those skills to prevent and interrupt harm or violence safely and non-violently.	The purpose of this training is to prepare individuals with the skills and knowledge to begin to understand primary prevention, individual- and community-level risk and protective factors, and to incorporate basic intervention practices within their communities.  Bystander intervention is a primary prevention and public health approach to a healthy and safe Utah. An intervention can occur before, during, or after a person witnesses violence, harm, or oppression of another person, group, or community.	All ages	Statewide	Federal and State

Stop the		Statewide	
Opidemic			

### 2) Effectiveness of Prevention Programs in Utah:

Community level data demonstrates that prevention efforts in Utah result in positive outcomes. One critical resource used to evaluate the effectiveness of current prevention strategies is the Utah Student Health and Risk Prevention (SHARP) Statewide Survey<sup>3</sup>. Coordination and administration of the Utah SHARP Survey is a collaborative effort of the State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health; State Board of Education; Department of Health; and Bach Harrison, LLC. The survey is administered every two years, to students in grades 6, 8, 10, and 12 in most public school districts and charter schools across Utah. The survey was designed to assess adolescent problem behavior, and the risk and protective factors that predict these adolescent problem behaviors. The Statewide SHARP Report and report for each local authority/health district can be found online: <a href="https://dsamh.utah.gov/reports/sharp-survey">https://dsamh.utah.gov/reports/sharp-survey</a>. In addition, the 2017 Utah Adolescent Health Report provides adolescent percentages for important health indicators by local health district, grade, and sex in five overarching categories: Chronic Conditions (asthma and diabetes), Lifestyles (physical activity, obesity, family meals, and tanning), Mental Health (feeling sad or hopeless, psychological distress and suicide), Substance Abuse (binge drinking, marijuana, prescription drug use and tobacco use), and Violence and Injury (motor vehicle safety and bullying).

There is significant evidence that prevention investments have resulted in a steady decrease in youth use rates in nearly all substance use categories in Utah. One recent success story is the Bonneville Communities that Cares Coalition. This group from a Weber County Community identified and addressed the risk and protective factors that impact youth substance use rates in their area. The image below illustrates how using this approach can result in positive outcomes.



Another example of the impact of prevention success can be found in chart 1 below:

## Utah Youth Alcohol Use Trends - Grades 6, 8, 10 & 12 Combined (2005-2019)

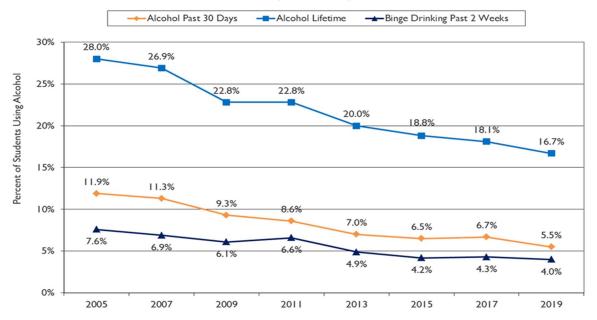
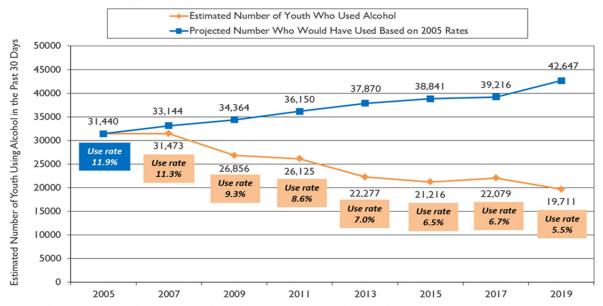


Chart 1 shows the trends in three different levels of alcohol use for Utah youth in Grades 6 through 12 combined. There have been clear and substantial decreases in all three levels of alcohol use measured by the SHARP Survey: a) lifetime use (have you ever used alcohol), b) past 30 day use, and c) binge drinking in the past 2 weeks (had 5 or more drinks in a row).

Chart 2 below presents a more concrete illustration of how the decreasing trends in alcohol use translates to decreases in the actual number of youth who engaged in underage drinking over the years:

## Comparing the Estimated Number of Actual Youth Alcohol Users in Grades 6-12 vs. the Projected Number Who Would Have Used Based on 2005 Rates



\*Estimates based on alcohol use rates obtained through the Student Health and Risk Prevention (SHARP) survey data, and school enrollment data obtained through the Utah State Office of Education for Grades 6-12 combined.

Chart 2 compares the estimated number of Utah youth in Grades 6 through 12 who drank alcohol in the past 30 days prior to the SHARP survey from 2005 through 2019 to the projected number of youth who would have drank each year had use rates remained at 2005 levels. The decrease in alcohol use rates over the course of the last 15 years, translates into far fewer youth drinkers each year than what would have been expected had rates remained unchanged since 2005. Based on these estimates, there were over 10,000 fewer youth drinkers in 2011 than there would have been based on 2005 rates, and over 20,000 fewer youth drinkers in 2019.

Finally, Chart 3 below presents trends in past 30 day use of substances that have been identified as prevention priorities over the course of the past two decades:

Traditionally, youth alcohol and cigarette use were the two highest priorities for the prevention field in Utah. The data on youth alcohol and cigarette use strongly suggest prevention efforts targeting these substances have been successful over the years. There has been a steady decrease in past 30 day alcohol use among youth (in grades 6-12) since 2005, resulting in a dramatic 54% decrease in alcohol use between 2005 and 2019 (from 12% to 5.5%, respectively). Similarly, past 30 day use rates of cigarettes have also decreased dramatically from 2005 to 2019, (from 4.4% to 1.2%; a 73% decrease).

# 3) Recommendations on whether and, if so, how funding should be rebalanced toward prevention rather than later stage treatment:

The cost of substance misuse in the United States is estimated to be more than \$740 billion annually by the National Institutes of Drug Abuse (NIDA)<sup>4</sup>. This estimate includes costs related to crime, lost work productivity, and health care that are associated with substance misuse. In terms of the types of

substance misuse, the estimated costs associated with tobacco top the list (\$300 billion), followed by alcohol (\$249 billion), and illicit drugs (\$193 billion, including \$78.5 billion associated with prescription opioids specifically) not far behind. The impact of these costs in Utah is substantial. For example, the cost of excessive alcohol use in Utah was estimated at \$1.3 billion for 2018 based on the amount of alcohol consumed in the state. Utah's state government shouldered an estimated \$315 million of those costs, with the remaining costs falling on the alcohol user and their family (\$553 million), the federal government (\$315 million), and others in society (\$217 million)<sup>5</sup>.

Table 1. Estimated Costs of the Excessive Use of Alcohol in Utah in 2018

Category	Formula	Amount
State Government Burden	State = 699.9 (SD) * \$0.45 per drink	\$315 million
Federal Government Burden	Federal = 699.9 * \$0.35 per drink	\$245 million
Alcohol User (and Family) Burden	User = 699.9 * \$0.79 per drink	\$553 million
Others in Society Burden	Others = 699.9 * \$0.31 per drink	\$217 million
Total Costs of Excessive Alcohol in Utah	Total = 699.9 * \$1.90 per drink	\$1.33 billion

Given the large economic burden associated with substance misuse, investments in prevention interventions have the potential to substantially reduce the future economic impact of substance misuse. As substance use and misuse declines, associated spending for substance use related health care (e.g., addiction treatment, substance misuse related morbidity, etc.), unemployment/lost or decreased wages, and court and criminal costs also declines. Research has shown that intervening early, by addressing risk and protective factors, has positive results. For every dollar spent in behavioral health prevention, communities save at a **minimum** \$4-9 in treatment. Communities directly benefit from these spending reductions, allowing dollars to be redirected toward other priority areas. In addition to cost, the impact of avoiding the associated trauma and disruption caused by addiction, untreated behavioral health conditions and often associated neglect or abuse for individuals and families is likely even more significant than the monetary savings.

Table 2 below presents several examples of benefit to cost ratios for programs implemented in Utah (based on the Washington State Institute for Public Policy's latest analyses of each program.<sup>7</sup>) The *Total Benefits* column refers to the average total benefits accrued per participant over their lifetime adjusted for today's dollars. This is broken out into taxpayer benefits (e.g., reductions in taxpayer funded healthcare and criminal justice costs), and non-taxpayer benefits (e.g., direct benefits to participants [such as increased earnings], reductions in crime victimization costs, etc.). The *Costs* column refers to the average cost per participant to purchase and implement the program. *Net Benefit minus Cost* is

simply total benefits minus the costs of the program, and finally, *Benefit to Cost Ratio* refers to the per participant benefit for each dollar spent on the program.

Table 2. Estimated Benefits and Costs of Prevention Interventions Implemented in Utah.

Intervention Name	Total Benefits	Taxpayer Benefits	Non-Taxpayer Benefits	Costs	Net Benefits minus Costs	Benefit to Cost Ratio
Positive Action	\$34,215	\$8,388	\$25,827	(\$1,048)	\$33,167	\$32.65
Good Behavior Game	\$9,923	\$2,707	\$7,216	(\$158)	\$9,765	\$62.73
Communities That Care	\$3,194	\$989	\$2,205	(\$614)	\$2,580	\$5.20
Strengthening Families Parents & Youth 10-14	\$3,079	\$947	\$2,132	(\$575)	\$2,504	\$5.36
LifeSkills Training	\$1,399	\$420	\$979	(\$104)	\$1,295	\$13.49
Keeping it Real	\$587	\$179	\$408	(\$51)	\$536	\$11.52

As seen in Table 2, this sampling of prevention interventions ranges from a net benefit over costs of \$536 per participant on the low end to an incredibly impressive \$33,167 on the high end. Moreover, the benefit to cost ratio ranges from a return of \$5.20 to \$62.73 *for each dollar spent*. All of these interventions represent worthy investments in the youth of our state, and further investments in prevention interventions are an important component of any plan to not only increase the health and wellness of Utah's population, but also mitigate the future costs of substance abuse.

# 4) Recommendations for other efforts that could be preventive, such as around affordable housing, domestic violence, trauma, and intergenerational poverty:

- Become a champion for prevention. Get involved with your local prevention coalition. If there is no coalition in your area, let us help you start one.
- Establish a strong state infrastructure to investigate and implement effective, comprehensive and sustained primary prevention systems.

- Survey on adult incidence and prevalence of substance misuse and mental illness
- o Regional Directors that provide oversight and technical assistance to local communities
- O USAAV+ Council should work with state agencies to develop prevention related budget and policy requests and make annual recommendations to the Legislature.
- o Consider creation of a State Prevention Center to ensure research guides practice
- Increase local prevention infrastructure that supports evidence-based prevention in Utah communities, including local health departments and county local authority programs:
  - o Full time prevention coordinators with each LA or LHD
  - Funding to train coalitions and coalition members to create community readiness
  - Resources to implement prevention programs with demonstrated positive return on investment in ready communities.
  - Encourage all entities involved in prevention initiatives to collaborate and work closely together to reduce duplication and ensure efficiency.
  - O USAAV+ Council should work with state agencies to develop prevention related budget and policy requests and make annual recommendations to the Legislature.
- Ensure prevention efforts are led by experienced, capable leaders who combine knowledge of prevention with skills in epidemiology, program administration, coalition building, planning, communication, evaluation and other foundational areas.
  - o Endorse Substance Abuse Prevention Specialist Training
  - Ongoing professional development coaching, mentoring
- Recognize that no single program is adequate alone. Prevention is a complex science requiring a
  multifaceted approach to effectively address the multiple factors across multiple domains in a
  person's life. Addressing local risk factors and protective factors will prevent suicide, mental
  illness, substance use disorders, domestic violence or poverty.

#### References

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